



STATE OF WASHINGTON

DEPARTMENT OF HEALTH

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October 6, 2005

TO: Bonnie King, Director, Health Professions Quality Assurance
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FROM: Mary C. Selecky

cc: Boards & Commissions
Bill White, Deputy Secretary
Laurie Jenkins, Assistant Secretary, Health Systems Quality Assurance

SUBJECT: IMPROVING PATIENT SAFETY

Regulating health care providers is a huge responsibility. As you know, the number of health care providers in our state is growing, and with that the number of complaints we receive about providers is also rapidly increasing. The system of boards and commissions is complex, and the legal system can be very challenging to navigate. While I know resources are tight and the job is tough, we must always make patient safety our top priority.

I would like to thank you and your staff for your hard work on system improvements over the past 18 months. We are moving in the right direction, but we certainly have more challenges ahead. We must focus on aggressively protecting the public, consistency in our process, timeliness, and making information accessible. Disciplinary action should be appropriate for the level of unprofessional conduct. Sanctioning orders must always focus on public protection.

As a part of our continued reform efforts, I am directing you to address the following areas:

- The highest priority should be given to cases involving serious physical injury or death to a patient, and sexual contact with or abuse of a patient. Establish a system for investigators, staff attorneys, assistant attorneys general and judges to understand and handle the case according to the assigned priority.
- Promptly adopt clear, consistent rules relating to sexual misconduct for all professions under the discipline authority of the secretary. Strongly encourage all boards and commissions to quickly adopt similar rules and ensure staff prioritization for prompt adoption.
- Increase management oversight and review of cases involving sexual contact or abuse of a patient, serious physical injury or patient death. Management scrutiny must occur at each point of case decision making.
- Immediately and swiftly complete the hiring and training process for investigative and staff attorney positions approved in the recent budget. Every position should be filled by January 15, 2006.

- Strengthen the charging and sanctioning guidance to staff attorneys, Department of Health judges and assistant attorneys general. Develop sanctioning guidelines for my approval and adoption, and implement management oversight to ensure application of tough, consistent and appropriate actions.
 - Sanctions imposed for unprofessional conduct must reflect the severity of that conduct and the risk to the public. Probation, stayed suspensions, and continuing education requirements should not be used to allow a provider who has engaged in serious misconduct to remain in practice.
 - Any doubts about a provider's ability to practice safely must be resolved in favor of protecting the public. When a provider's unprofessional conduct requires an evaluation or continuing education for safe practice, the provider's ability to practice that activity should be limited or restricted until the remedial work has been completed, and the disciplinary authority is assured that the provider can practice safely.
- Establish a process for management review of cases where conflicts occur with regard to charging decisions within the department, with board or commission members, and/or with the Office of the Attorney General. Work with the Attorney General's Office to more aggressively pursue cases, especially when it means more protection for the public.
- Ensure that decision makers have the history of past complaints and actions before deciding sanctions.
- Shorten the timeframe to take action on practitioners who are out of compliance with orders. Evaluate current compliance monitoring systems for effectiveness and develop process improvements.
 - When a provider has been placed on probation or stayed suspension, compliance with the conditions of probation or stayed suspension is essential. Particularly in cases involving serious physical injury to or death of a patient, and sexual contact with or abuse of a patient, a provider who is found to have violated the conditions of an order should be removed from practice for some period of time, at least until compliance is re-established.
 - Violation of an order must not be rewarded by the mere entry of a new set of conditions that allow the violator to continue in practice.
- Analyze costs and other pertinent information to determine if publishing health care provider malpractice settlements and complaints on the Internet is appropriate.
- Complete the study by December 15 on whether non-hospital based surgical facilities should be regulated. Ensure clear options and recommendations are included.
- Prepare a package of legislative recommendations that would address weaknesses in the current disciplinary process.

I am confident that this new work, along with the many improvements you've already made, will continue to improve patient safety in Washington. Please make this work your highest priority. As these efforts move ahead, I expect a weekly report of accomplishments. Please make sure the first update includes a work-plan that outlines specific, aggressive completion dates for each item. It is important that we are pulling in the same direction, so I am appointing Laurie Jenkins as the executive sponsor for these directives. Thank you for working hard to make Washington safer and healthier.